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☐ 8575 Haven Ave., Ste. 130, Rancho Cucamonga 91730



County of San Bernardino • Department of Public Health  
 DIVISION OF ENVIRONMENTAL HEALTH SERVICES



## Application for Temporary Food Facility Health Permit

PHONE \_\_\_\_\_

Web site: [www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs)

Annual ☐ One-Time ☐

DATE: \_\_\_\_\_  
 PAID: \_\_\_\_\_  
 CHECK #: \_\_\_\_\_  
 REC'D BY: \_\_\_\_\_  
 RECEIPT #: \_\_\_\_\_  
 SR# \_\_\_\_\_

### APPLICANT MUST FILL IN ALL BLANKS

VENDOR NAME \_\_\_\_\_  
 LEGAL OWNER NAME \_\_\_\_\_  
 LEGAL OWNER ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PHONE NUMBER ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

### FOR ONE-TIME PERMITS

NAME OF EVENT \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 DATES OF EVENT \_\_\_\_\_  
 START - STOP TIME \_\_\_\_\_  
 SET UP TIME FROM \_\_\_\_\_ TO \_\_\_\_\_ / OPEN TO PUBLIC FROM \_\_\_\_\_ TO \_\_\_\_\_  
 EVENT COORDINATOR NAME \_\_\_\_\_  
 EVENT COORDINATOR PHONE NUMBER \_\_\_\_\_

### APPLICANT MUST FILL IN ALL BLANKS

#### MAIL INVOICE TO:

Attention to: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

TOTAL FEE DUE \$ \_\_\_\_\_ MAKE CHECK PAYABLE TO: SAN BERNARDINO COUNTY  
 NOTE: FOR ALL ANNUAL TFFS - RENEWAL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS OF EXPIRATION.

FOR ONE-TIME EVENT PERMITS - PERMITS NOT PAID AT LEAST 48 HOURS IN ADVANCE ARE SUBJECT TO A DELINQUENCY FEE OF \$50.00  
 FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE OR CLOSURE.  
 APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

I hereby make application for health services and permit to establish and/or operate the above mentioned business, use, or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Title \_\_\_\_\_

### TO BE COMPLETED BY OFFICE STAFF WHEN ANNUAL APPLICATION IS TAKEN

\*FACILITY ID # \_\_\_\_\_ PROGRAM ELEMENT # \_\_\_\_\_ CONTRIBUTOR # \_\_\_\_\_  
 \*GHP # \_\_\_\_\_ CITY CODE # \_\_\_\_\_ DESIGNATED EMPLOYEE # \_\_\_\_\_  
 OWNER ID # \_\_\_\_\_ EXP DATE \_\_\_\_\_ DISTRICT # \_\_\_\_\_

ENVISION: ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_

NEW TRANSFER RENEWAL  
 (Circle One)

### APPROVAL

\*Leave blank **only** if this is a new establishment.

## FOOD OR BEVERAGE TEMPORARY EVENT FACT SHEET

PERSON IN CHARGE OF FOOD STAND
PHONE NUMBER FOR PERSON IN CHARGE OF FOOD STAND ( )
FOOD MANAGER TRAINING CERTIFICATES <input type="checkbox"/> YES <input type="checkbox"/> NO
FOOD WORKER TRAINING CERTIFICATES <input type="checkbox"/> YES <input type="checkbox"/> NO (REQUIRED FOR ANNUAL TFF'S)

### FOODS

<input type="checkbox"/> ONLY PREPACKAGED FOODS OR DRINKS <input type="checkbox"/> FOOD PREPARATION AT BOOTH
<input type="checkbox"/> FULLY ENCLOSED SNOW-CONE, POPCORN, COTTON CANDY, OR SHAVED ICE MACHINE OR CART ONLY
<input type="checkbox"/> HOT DOG CART <input type="checkbox"/> OTHER (DESCRIBE)
FOOD/DRINKS TO BE SOLD / GIVEN AWAY AT BOOTH
INDICATE SOURCE OF FOODS/DRINKS
WILL FOOD(S) TO BE PREPARED PRIOR TO THE START OF THE EVENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, INDICATE WHERE AND WHEN THE FOOD WILL BE PREPARED.
IF YES, WHAT FOOD(S) WILL BE PREPARED? DESCRIBE PROCEDURE AND METHODS OF FOOD PREPARATION.
WHAT TYPE OF HOT/ COLD TRANSPORTATION EQUIPMENT WILL BE USED?
WHAT IS THE DISTANCE AND LENGTH OF TIME TRANSPORTED?
IF THE EVENT IS MORE THAN ONE DAY, WHERE AND HOW WILL FOOD BE STORED WHEN THE FACILITY IS NOT OPERATING?
HOW WILL ANY LEFTOVERS OF COOKED FOODS BE HANDLED AT THE END OF EACH DAY?

### HANDWASH STATION

<input type="checkbox"/> HAND WASH SINK WITH PRESSURIZED HOT AND COLD WATER IN BOOTH <small>REQUIRED WHEN EVENT EXCEEDS 3 DAYS</small>
<input type="checkbox"/> MINIMAL HANDWASH SETUP IN THE BOOTH <small>IGLOO TYPE CONTAINER WHICH DISPENSES WARM WATER, HANDS FREE AND WASTE RECEPTACLE</small>
SIZE OF WATER SUPPLY _____ <small>MIN 5 GAL IF SEPARATE FROM WAREWASHING SINK</small>
<input type="checkbox"/> PUMP SOAP <input type="checkbox"/> PAPER TOWELS

### FOOD BOOTH (INDICATE MATERIALS USED)

WALLS AND ROOF MATERIAL
FLOOR
FULLY ENCLOSED BOOTH? <small>(REQUIRED FOR FOOD/DRINK PREPARATION)</small> YES <input type="checkbox"/> NO <input type="checkbox"/>
SERVICE OPENING NO LARGER THAN 13.5" X 16" THAT CAN BE CLOSED? YES <input type="checkbox"/> NO <input type="checkbox"/>

## UTENSILS AND EQUIPMENT

DESCRIBE ALL EQUIPMENT TO BE USED AT THE EVENT FOR:

COLD HOLDING- 45°F OR BELOW:

HOT HOLDING-135°F OR ABOVE:

COOKING/REHEATING:

PREPARATION SURFACES:

OTHER EQUIPMENT, I.E. BLENDER, SODA DISPENSER, ETC.

## FOOD TEMPERATURES

HOW WILL FOOD TEMPERATURES BE MONITORED DURING THE EVENT?

## WAREWASHING SINK

3-COMPARTMENT WAREWASH SINK WITH DUAL DRAIN BOARDS? YES ☐ NO ☐

SIZE OF WATER SUPPLY TANK \_\_\_\_\_ MIN 25 GAL OR 15 GAL IF LIMITED FOOD PREPARATION

PROVIDED BY WHOM? \_\_\_\_\_ LOCATED WHERE? (OVERHEAD COVERAGE REQUIRED)

DESCRIBE PROCEDURES, METHODS AND SCHEDULE FOR CLEANING UTENSILS/EQUIPMENT

WHAT TYPE OF SANITIZER WILL BE USED AT THE EVENT FOR SANITIZING UTENSILS AND FOOD CONTACT SURFACES? ☐ BLEACH ☐ QUATERNARY AMMONIUM ☐ WASH SANITIZER MIX

HOW WILL WASTEWATER BE DISPOSED OF (WATER FROM WAREWASHING SINK AND HANDWASHING STATION)?  
☐ PUBLIC SEWER ☐ OTHER, EXPLAIN \_\_\_\_\_

## ADDITIONAL EVENT INFORMATION

HOW WILL POTABLE (DRINKING) WATER BE OBTAINED DURING THE EVENT FOR FOOD PROCESSING AND WAREWASHING?

WILL ELECTRICITY BE PROVIDED FOR THE FOOD BOOTH OPERATOR? ☐ YES ☐ NO

IF YES, WHAT IS THE SOURCE? ☐ PUBLIC UTILITY ☐ GENERATOR(S)

WILL LIGHTING BE AVAILABLE AFTER DARK ☐ YES ☐ NO

IF THE EVENT IS SCHEDULED FOR MORE THAN ONE DAY, WILL THE TFF HAVE CONTINUOUS ELECTRICITY TO POWER REFRIGERATOR(S) OVERNIGHT? ☐ YES ☐ NO

ARE RESTROOM FACILITIES AND HANDWASHING WITHIN 200 FEET? ☐ YES ☐ NO

DESCRIBE GARBAGE/TRASH DISPOSAL (INCLUDING FREQUENCY OF PICK-UP):

WILL THERE BE ANIMAL RIDES/CORRALS AT THE EVENT? ☐ YES ☐ NO

IF SO, THEY MUST BE LOCATED AT LEAST 20 FEET AWAY FROM FOOD BOOTHS OR AS OTHERWISE DIRECTED BY THE DEPARTMENT INSPECTOR